S. No. 300
v. 10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19098

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6167 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: STONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" UNION
c. LENGTH OF STAY (In this place): 19 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. #1, BILLINGS Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" UNION 1040 1
d. STREET ADDRESS (If rural, give location): RT. #1, BILLINGS Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): FLORA
b. (Middle): JANE
c. (Last): HANAFIN

4. DATE OF DEATH (Month) (Day) (Year): MAY 7 1952

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: JAN. 3 - 1900

9. AGE (In years last birthday): 52
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): PONCE de LEON, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JIM A. MOORE

13b. MOTHER'S MAIDEN NAME: VICTORIA THOMAS

14. NAME OF HUSBAND OR WIFE: LEONARD HANAFIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: LEONARD HANAFIN, RT. #1, BILLINGS, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Transverse Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 years?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 28, 1951

19b. MAJOR FINDINGS OF OPERATION: Abdominal Carcinomatosis — 153X

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1952, to May 7, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Fred D. Wommack M.D.

23b. ADDRESS: Crane, Mo.

23c. DATE SIGNED: 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAY 10-1952

24c. NAME OF CEMETERY OR CREMATORY: PLEASENT VIEW.

24d. LOCATION (City, town, or county) (State): R.F.D. HIGHLANDVILLE, Mo.

DATE REC'D BY LOCAL REG.: May 14-52

REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosman 317-0
per Lena Murray

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John Alan Harris, Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.